



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

CEIVED

JAN 4 2010

ARMELLA SABAUGH  
MACOMB COUNTY CLERK

# INDEPENDENT/POLITICAL COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by  
the treasurer or designated record keeper

3. This Statement covers From: 1/1/00 To 12/31/00  
Mo Day Year Mo Day Year

1. Committee I.D. Number 136916

4. Committee's Mailing Address  
51696 INDIAN Pointe, MI 48042

Area Code and Phone (586) 781-0183

2. Committee Name

Foots L.T. Y

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address

Kevin Kungel 51696 INDIAN Pointe, Macomb MI 48042

Area Code and Phone 586-781-0183

6. Treasurer's Business Address

51696 INDIAN Pointe  
MACOMB MI 48042

Area Code and Phone 586-781-0183

7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)

Area Code and Phone

8. TYPE OF STATEMENT:

APPLICABLE TO INDEPENDENT AND POLITICAL  
COMMITTEES REGISTERED ON STATE LEVEL

8a. TRIENNIAL STATEMENTS

Even Year

Odd Year

☐ April 25

☐ January 31

☐ July 25

☐ July 25

☐ October 25

☐ October 25

8b. QUARTERLY STATEMENTS

CAUCUS COMMITTEES (ONLY)

☐ January 31

☐ April 25

☐ July 25

☐ October 25

8c. ☐ SPECIAL ELECTION INDEPENDENT  
EXPENDITURE REPORT

APPLICABLE TO INDEPENDENT AND  
POLITICAL COMMITTEES REGISTERED  
ON COUNTY LEVEL

8d. ☒ ANNUAL STATEMENT  
(2000 Coverage Year)

8e. ☐ PRE-ELECTION OR

8f. ☐ POST-ELECTION

Pre-Election or Post-Election  
Statement relates to:

☐ PRIMARY ☐ GENERAL

☐ CONVENTION ☐ SCHOOL

☐ SPECIAL ☐ CAUCUS

Date of Election, Convention or Caucus:

Month Day Year

APPLICABLE TO INDEPENDENT AND  
POLITICAL COMMITTEES REGISTERED  
ON

STATE AND COUNTY LEVEL

8g. ☐ AMENDMENT TO CAMPAIGN  
STATEMENT

(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h  
to indicate which Statement is being  
amended)

8h. ☐ DISSOLUTION OF COMMITTEE  
Effective Date of Dissolution

Month Day Year

By checking this item, I/we certify that the  
committee has no asset or outstanding debts,  
including late filing fees. Further, I request  
that if the dissolution cannot be granted, that  
this be considered a request for the  
Reporting Waiver.

**Note:** The disposition of residual funds must  
be reported on Schedule 2B and the  
Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6 or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record Keeper KEVIN KUNGEL  
Type or Print Name

Signature

Date 1-4-10  
Mo Day Year



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 136916  
2. Committee Name Fouts L.T.Y

**SUMMARY PAGE**  
**INDEPENDENT OR POLITICAL COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative for Calendar Year
3. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3.) \$	<u>0</u>	(18.) \$
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$		(19.) \$
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3 + Line 4)	(5.) \$		(20.) \$
6. Itemized In-Kind Contributions (Schedule 2-IK, Column 7)	(6.) \$		(21.) \$
<b>EXPENDITURES</b>			
7a. Itemized Direct (Schedule 2B, Column 7)	(7a.) \$	<u>0</u>	
7b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(7b.) \$		
7c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(7c.) \$		
7d. Unitemized (less than \$50.01 each - no Schedule)	(7d.) \$		
8. Subtotal of Expenditures	(8.) \$		(22.) \$
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$		(23.) \$
<b>10. TOTAL EXPENDITURES</b> (Add Line 8 + Line 9)	(10.) \$		(24.) \$
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) \$	<u>0</u>	(25.) \$
<b>DEBTS AND OBLIGATIONS</b>			
12. Debts and Obligations	(12a.) \$		
a. Owed by the Committee (Schedule 2E)	(12b.) \$		
b. Owed to the Committee (Schedule 2E)			
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) +	<u>0</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) =		
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) -		
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>0</u>	*

\*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

CEAVILL

JAN 4 2001

MARCELLA SABAUGH  
MACOMB COUNTY CLERK

INDEPENDENT/POLITICAL  
COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by  
the treasurer or designated record keeper

3. This Statement covers From: 1/1/01 To 12/31/01  
Mo Day Year Mo Day Year

1. Committee I.D. Number 136916

4. Committee's Mailing Address  
51696 INDIAN POINTE, MACOMB MI 48042  
Area Code and Phone 586-781-0183

2. Committee Name  
FOOTS L.T.Y.

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address

KEVIN KONGEL 51696 INDIAN POINTE MACOMB MI 48042  
Area Code and Phone 586-781-0183

6. Treasurer's Business Address

51696 INDIAN POINTE  
MACOMB MI 48042  
Area Code and Phone 586-781-0183

7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)

Area Code and Phone

8. TYPE OF STATEMENT:

APPLICABLE TO INDEPENDENT AND POLITICAL  
COMMITTEES REGISTERED ON STATE LEVEL

8a. TRIANNUAL STATEMENTS

Even Year

Odd Year

☐ April 25

☐ January 31

☐ July 25

☐ July 25

☐ October 25

☐ October 25

8b. QUARTERLY STATEMENTS

CAUCUS COMMITTEES (ONLY)

☐ January 31

☐ April 25

☐ July 25

☐ October 25

8c. ☐ SPECIAL ELECTION INDEPENDENT  
EXPENDITURE REPORT

APPLICABLE TO INDEPENDENT AND  
POLITICAL COMMITTEES REGISTERED  
ON COUNTY LEVEL

8d. ☒ ANNUAL STATEMENT  
(2001 Coverage Year)

8e. ☐ PRE-ELECTION OR

8f. ☐ POST-ELECTION

Pre-Election or Post-Election  
Statement relates to:

☐ PRIMARY

☐ GENERAL

☐ CONVENTION

☐ SCHOOL

☐ SPECIAL

☐ CAUCUS

Date of Election, Convention or Caucus:

Month Day Year

APPLICABLE TO INDEPENDENT AND  
POLITICAL COMMITTEES REGISTERED  
ON

STATE AND COUNTY LEVEL

8g. ☐ AMENDMENT TO CAMPAIGN  
STATEMENT

(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h  
to indicate which Statement is being  
amended)

8h. ☐ DISSOLUTION OF COMMITTEE  
Effective Date of Dissolution

Month Day Year

By checking this item, I/we certify that the  
committee has no asset or outstanding debts,  
including late filing fees. Further, I request  
that if the dissolution cannot be granted, that  
this be considered a request for the  
Reporting Waiver.

**Note:** The disposition of residual funds must  
be reported on Schedule 2B and the  
Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6 or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record Keeper KEVIN KONGEL

Type or Print Name

Signature

Date 1-4-10  
Mo Day Year



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 136916  
2. Committee Name Fouts L.T.V

**SUMMARY PAGE**  
**INDEPENDENT OR POLITICAL COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative for Calendar Year
3. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3.) \$	<u>Ø</u>	(18.) \$
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$		(19.) \$
5. <b>TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3 + Line 4)	(5.) \$		(20.) \$
6. Itemized In-Kind Contributions (Schedule 2-1K, Column 7)	(6.) \$		(21.) \$
<b>EXPENDITURES</b>			
7a. Itemized Direct (Schedule 2B, Column 7)	(7a.) \$	<u>Ø</u>	
7b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(7b.) \$		
7c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(7c.) \$		
7d. Unitemized (less than \$50.01 each - no Schedule)	(7d.) \$		
8. Subtotal of Expenditures	(8.) \$		(22.) \$
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$		(23.) \$
10. <b>TOTAL EXPENDITURES</b> (Add Line 8 + Line 9)	(10.) \$		(24.) \$
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) \$	<u>Ø</u>	(25.) \$
<b>DEBTS AND OBLIGATIONS</b>			
12. Debts and Obligations	(12a.) \$		
a. Owed by the Committee (Schedule 2E)	(12b.) \$		
b. Owed to the Committee (Schedule 2E)			
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>Bal 1/1/01</u> <u>Ø</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) +	<u>Ø</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) =		
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) -		
17. <b>ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	<u>0</u>	*

\*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

INDEPENDENT/POLITICAL  
COMMITTEE COVER PAGE

ARMELLA GABRIEL  
COMMITTEE COUNTY CLERK

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by  
the treasurer or designated record keeper

3. This Statement covers From: 1/1/02 To 12/31/02  
Mo Day Year Mo Day Year

1. Committee I.D. Number

136916

4. Committee's Mailing Address

51696 INDIAN POINTE MACOMB MI 48042

Area Code and Phone (586) 781-0183

2. Committee Name

FOUTS L.T.Y

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address

KEVIN KUNGEI 51696 INDIAN POINTE MACOMB MI 48042  
Area Code and Phone 586-781-0183

6. Treasurer's Business Address

51696 INDIAN POINTE  
MACOMB MI 48042  
Area Code and Phone

7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)

Area Code and Phone

8. TYPE OF STATEMENT:

APPLICABLE TO INDEPENDENT AND POLITICAL  
COMMITTEES REGISTERED ON STATE LEVEL

8a. TRIANNUAL STATEMENTS

Even Year

Odd Year

☐ April 25

☐ January 31

☐ July 25

☐ July 25

☐ October 25

☐ October 25

8b. QUARTERLY STATEMENTS

CAUCUS COMMITTEES (ONLY)

☐ January 31

☐ April 25

☐ July 25

☐ October 25

8c. ☐ SPECIAL ELECTION INDEPENDENT  
EXPENDITURE REPORT

APPLICABLE TO INDEPENDENT AND  
POLITICAL COMMITTEES REGISTERED  
ON COUNTY LEVEL

8d. ☒ ANNUAL STATEMENT  
(2002 Coverage Year)

8e. ☐ PRE-ELECTION OR

8f. ☐ POST-ELECTION

Pre-Election or Post-Election  
Statement relates to:

☐ PRIMARY ☐ GENERAL

☐ CONVENTION ☐ SCHOOL

☐ SPECIAL ☐ CAUCUS

Date of Election, Convention or Caucus:

Month Day Year

APPLICABLE TO INDEPENDENT AND  
POLITICAL COMMITTEES REGISTERED  
ON

STATE AND COUNTY LEVEL

8g. ☐ AMENDMENT TO CAMPAIGN  
STATEMENT

(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h  
to indicate which Statement is being  
amended)

8h. ☐ DISSOLUTION OF COMMITTEE  
Effective Date of Dissolution

Month Day Year

By checking this item, I/we certify that the  
committee has no asset or outstanding debts,  
including late filing fees. Further, I request  
that if the dissolution cannot be granted, that  
this be considered a request for the  
Reporting Waiver.

**Note:** The disposition of residual funds must  
be reported on Schedule 2B and the  
Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6 or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record Keeper KEVIN KUNGEI  
Type or Print Name

Signature

Date 1-4-10  
Mo Day Year



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 136916  
2. Committee Name Fouts L.T.V

**SUMMARY PAGE**  
**INDEPENDENT OR POLITICAL COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative for Calendar Year
3. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3.) \$	<u>0</u>	(18.) \$
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$		(19.) \$
5. <b>TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3 + Line 4)	(5.) \$		(20.) \$
6. Itemized In-Kind Contributions (Schedule 2-IK, Column 7)	(6.) \$		(21.) \$
<b>EXPENDITURES</b>			
7a. Itemized Direct (Schedule 2B, Column 7)	(7a.) \$	<u>0</u>	
7b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(7b.) \$		
7c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(7c.) \$		
7d. Unitemized (less than \$50.01 each - no Schedule)	(7d.) \$		
8. Subtotal of Expenditures	(8.) \$		(22.) \$
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$		(23.) \$
10. <b>TOTAL EXPENDITURES</b> (Add Line 8 + Line 9)	(10.) \$		(24.) \$
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) \$	<u>0</u>	(25.) \$
<b>DEBTS AND OBLIGATIONS</b>			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 2E)	(12a.) \$		
b. Owed to the Committee (Schedule 2E)	(12b.) \$		
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) +	<u>0</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) =		
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) -		
17. <b>ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	<u>0</u>	*

\*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

INDEPENDENT/POLITICAL  
COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by  
the treasurer or designated record keeper

3. This Statement covers From: 1/1/03 To 12/31/03  
Mo Day Year Mo Day Year

1. Committee I.D. Number 136916

4. Committee's Mailing Address  
51696 Indian Pointe Macomb MI 48042  
Area Code and Phone (586) 781-0183

2. Committee Name  
Fouts L.T.Y

If the address in this box is different from the committee mailing address on the Statement of  
Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address  
Kevin Kungel 51696 Indian Pointe Macomb MI 48042  
Area Code and Phone 586-781-0183

6. Treasurer's Business Address  
51696 Indian Pointe  
Macomb MI 48042  
Area Code and Phone 586-781-0183

7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated  
Record Keeper)

Area Code and Phone

8. TYPE OF STATEMENT:  
APPLICABLE TO INDEPENDENT AND POLITICAL  
COMMITTEES REGISTERED ON STATE LEVEL

8a. TRIANNUAL STATEMENTS

Even Year Odd Year  
☐ April 25 ☐ January 31  
☐ July 25 ☐ July 25  
☐ October 25 ☐ October 25

8b. QUARTERLY STATEMENTS  
CAUCUS COMMITTEES (ONLY)

☐ January 31 ☐ April 25  
☐ July 25 ☐ October 25

8c ☐ SPECIAL ELECTION INDEPENDENT  
EXPENDITURE REPORT

APPLICABLE TO INDEPENDENT AND  
POLITICAL COMMITTEES REGISTERED  
ON COUNTY LEVEL

8d. ☒ ANNUAL STATEMENT  
(2003 Coverage Year)  
8e. ☐ PRE-ELECTION OR  
8f. ☐ POST-ELECTION

Pre-Election or Post-Election  
Statement relates to:

☐ PRIMARY ☐ GENERAL  
☐ CONVENTION ☐ SCHOOL  
☐ SPECIAL ☐ CAUCUS

Date of Election, Convention or Caucus:

Month Day Year

APPLICABLE TO INDEPENDENT AND  
POLITICAL COMMITTEES REGISTERED  
ON

STATE AND COUNTY LEVEL

8g. ☐ AMENDMENT TO CAMPAIGN  
STATEMENT

(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h  
to indicate which Statement is being  
amended)

8h. ☐ DISSOLUTION OF COMMITTEE  
Effective Date of Dissolution

Month Day Year

By checking this item, I/we certify that the  
committee has no asset or outstanding debts,  
including late filing fees. Further, I request  
that if the dissolution cannot be granted, that  
this be considered a request for the  
Reporting Waiver.

**Note:** The disposition of residual funds must  
be reported on Schedule 2B and the  
Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable  
Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any  
of the information listed in items 2, 4, 5, 6 or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to  
the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing  
deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my  
knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record Keeper KEVIN KUNGEL  
Type or Print Name

Signature

Date 1-10-10  
Mo Day Year



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 136916  
2. Committee Name Fouts L.T.V

**SUMMARY PAGE**  
**INDEPENDENT OR POLITICAL COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative for Calendar Year
3. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3.) \$	<u>0</u>	(18.) \$
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$		(19.) \$
5. <b>TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3 + Line 4)	(5.) \$		(20.) \$
6. Itemized In-Kind Contributions (Schedule 2-IK, Column 7)	(6.) \$		(21.) \$
<b>EXPENDITURES</b>			
7a. Itemized Direct (Schedule 2B, Column 7)	(7a.) \$	<u>0</u>	
7b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(7b.) \$		
7c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(7c.) \$		
7d. Unitemized (less than \$50.01 each - no Schedule)	(7d.) \$		
8. Subtotal of Expenditures	(8.) \$		(22.) \$
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$		(23.) \$
10. <b>TOTAL EXPENDITURES</b> (Add Line 8 + Line 9)	(10.) \$		(24.) \$
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) \$	<u>0</u>	(25.) \$
<b>DEBTS AND OBLIGATIONS</b>			
12. Debts and Obligations	(12a.) \$		
a. Owed by the Committee (Schedule 2E)	(12b.) \$		
b. Owed to the Committee (Schedule 2E)			

**BALANCE STATEMENT**

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>0</u>
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) +	<u>0</u>
15. SUBTOTAL Add lines 13 and 14	(15.) =	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) -	
17. <b>ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	<u>0</u>

\*If your ending balance is negative, please recheck your math.